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BIBDATASHEET

CONFIRMATION NO. 4023

Bib Data Sheet

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|-----------------------------|---------------------------------------|--------------|------------------------|-------------------------------|
| SERIAL NUMBER 09/930,796 | FILING DATE 08/16/2001 RULE | CLASS 604 | GROUP ART UNIT 3763 | ATTORNEY DOCKET NO. POSSIS |
|-----------------------------|---------------------------------------|--------------|------------------------|-------------------------------|

APPLICANTS

Michael J. Bonnette, Minneapolis, MN;
 John Edward Morris, Minneapolis, MN;
 Stephen E. Weisel, Montrose, MN; John B. Bridgeman, Minneapolis, MN;
 Debra M. Kozak, Forest Lake, MN;
 Rosemary C. Beaupre, Lino Lake, MN;
 Mark L. Jenson, Greenville, MN;
 Cindy M. Setum, Plymouth, MN;
 Robert G. Dutcher, Maple Grove, MN;

**** CONTINUING DATA *******

This application is a DIV of 09/417,395 10/13/1999 PAT 6,676,627
 which is a CIP of 08/349,665 12/05/1994 PAT 6,558,366
 which is a DIV of 08/006,076 01/15/1993 PAT 5,370,609
 which is a CON of 07/563,313 08/06/1990 ABN

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
**** 09/05/2001**

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|--|---------------------------|-------------------------|-----------------------|----------------------------|
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature _____ Initials _____ | STATE OR COUNTRY MN | SHEETS DRAWING 26 | TOTAL CLAIMS 26 | INDEPENDENT CLAIMS 3 |
|--|---------------------------|-------------------------|-----------------------|----------------------------|

ADDRESS
 Hugh D. Jaeger
 Suite 302
 1000 Superior Blvd.
 Wayzata, MN
 55391-1873

TITLE
 Thrombectomy catheter and system

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|-----------------------------------|---|---|
| FILING FEE RECEIVED 504 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit |
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